

Consent for Release of Confidential Information

I understand that by law, 18 year olds are adults. As adults, they have the right to keep health records confidential (*regardless of who pays for their insurance or whether they live at home*).

The above providers believe parents should be partners in their children’s care every age. However, it is up to the patient to whom he/she gives permission to share privileged information. Therefore, we ask all of our patients over the age of 18 to consent as follows:

I, _____ hereby authorize the above named physician(s) to release the following information, concerning me, to:

 (Name of Person) (Relationship) (Phone)

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Items and Information to be released are:

- Any and All healthcare Conditions
- My health Status, **EXCLUDING** Sensitive Conditions*
- Payment Responsibility
- Request Prescriptions
- Pick Up Prescriptions (*Excluding Controlled Substances*)
- Pick Up of Controlled Substance Prescriptions
- Schedule Appointments
- Other:
- All of the Above

I, _____, do **NOT** give my consent to any provider to speak with my parents about any of my healthcare conditions. I hereby revoke the above authorization to release confidential information

Patient Signature: _____ Date: ____/____/____

Patient’s Cell Phone Number: _____

Patients Email: _____

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. I understand that I may revoke this consent at any time by giving written notice, except to the extent that action has been taken in reliance on it.

*Sensitive conditions include alcohol or drug use, sexual activity, pregnancy or sexually-transmitted diseases, and mental health issues.